

**Political Organization
Report of Contributions and Expenditures**

OMB No. 1545-1696

▶ See separate instructions.

A For the period beginning November 28, 2000 and ending December 31, 2000

B Check applicable boxes: ☐ Initial report ☐ Change of address ☐ Amended report ☐ Final report

1 Name of organization Citizens for Improving City Government **Employer identification number** 31 : 1615037

2 Mailing address (P.O. Box or number, street, and room or suite number)

100 South Third Street

City or town, state, and ZIP code

Columbus, OH 43215

3 E-mail address of organization

N/A

4 Date organization was formed

09-10-98

5a Name of custodian of records

Kurtis A. Tunnell

5b Custodian's address

100 South Third Street

Columbus, OH 43215

6a Name of contact person

Kurtis A. Tunnell

6b Contact person's address

100 South Third Street

Columbus, OH 43215

7 Business address of organization (if different from mailing address shown above). Number, street, and room or suite number

City or town, state, and ZIP code

8 Type of report (check only one box)

- a** ☐ First quarterly report (due by April 15)
b ☐ Second quarterly report (due by July 15)
c ☐ Third quarterly report (due by October 15)
d ☒ Year-end report (due by January 31)

e ☐ Mid-year report (Non-election year only due by July 31)

f ☐ Monthly report for the month of: _____
(due by the 20th day following the month shown above, except the December report, which is due by January 31)

g ☐ Pre-election report (due by the 12th or 15th day before the election)
(1) Type of election: _____
(2) Date of election: _____
(3) For the state of: _____

h ☐ Post-general election report (due by the 30th day after general election)
(1) Date of election: _____
(2) For the state of: _____

9 Total amount of reported contributions (total from all attached Schedules A).

9 0.00

10 Total amount of reported expenditures (total from all attached Schedules B).

10 0.00

Under penalties of perjury, I declare that I have examined this report, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Sign Here

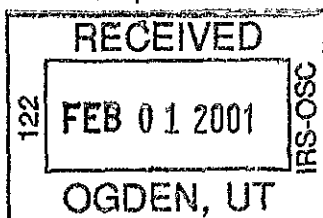
Signature of authorized official

Date

For Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 30406G

Form **8872** (7-2000)



Schedule A Itemized Contributions		Schedule A page 1 of 1
Name of organization Citizens for Improving City Government		Employer identification number 31 : 1615037
Contributor's name, mailing address and ZIP code No contributions this reporting period	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Contributor's name, mailing address and ZIP code	Name of contributor's employer	Amount of contributions reported for this period
	Contributor's occupation	
	Aggregate contributions year-to-date . . . ▶ \$	\$
Subtotal of contributions reported on this page only. Enter here and also include this amount in the total on line 9 of Form 8872 . . . ▶		\$ 0.00

Schedule B Itemized Expenditures		Schedule B page 1 of 1
Name of organization Citizens for Improving City Government		Employer identification number 31 : 1615037
Recipient's name, mailing address and ZIP code No expenditures this reporting period	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Recipient's name, mailing address and ZIP code	Name of recipient's employer	Amount of each expenditure reported for this period \$
	Recipient's occupation	
Subtotal of expenditures reported on this page only. Enter here and also include this amount in the total on line 10 of Form 8872		\$ 0.00

